

Case Number:	CM13-0035415		
Date Assigned:	12/13/2013	Date of Injury:	10/19/2012
Decision Date:	05/22/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34-year-old female who reported an injury on 10/19/2012. The mechanism of injury reported was a fall. The clinical note dated 09/10/2013 noted that the injured worker complained of intermittent pain in the low back which she rated on a scale at 8/10 on the pain level. Medications were listed as Ultram 50 mg twice a day, naproxen 500 mg twice a day, and cyclobenzaprine 7.5 mg. The injured worker complained that the pain affected her ADLs and dressing, putting on her socks and shoes and tying them, sweeping, lifting, bending, carrying, pulling, mopping, standing and that she had difficulty with prolonged sitting. The injured worker reported that the pain was sharp, aching, and throbbing in nature and that it radiated into her upper back. Medications and exercise helped alleviate the pain. Upon examination, the injured worker was noted to ambulate with a normal gait. The injured worker had a positive Kemp's testing bilaterally but a negative straight leg test bilaterally. The diagnoses were right musculoligamentous injury and a lumbosacral spine sprain or strain. The physician spoke with the injured worker and referred her for x-rays, physiotherapy, a pneumatic brace for use on the lumbar spine, and the start of Ultram 50 mg twice a day, naproxen 500 mg twice a day, and cyclobenzaprine 7.5 mg. The injured worker is to followup in 4 weeks. The documentation provided for review did not include the physician's date or rationale for the requested treatment of MRI of the lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

AN MRI OF LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Guidelines say that an MRI may be useful in isolating diagnoses that do not lend themselves to back surgery, such as sciatica caused by piriformis syndrome in the hip. Unequivocal objective findings that identify specific nerve compromise on neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The documentation provided for review did not note any past conservative care the injured worker had done and the efficacy of it. The injured worker had a positive Kemp's testing bilaterally but a negative straight leg test bilaterally. The documentation provided did not include the efficacy of the recently prescribed NSAIDS, muscle relaxants, and pain medication. Also, the examination provided failed to document the presence of neurological deficits to support the necessity of the lumbar MRI. Therefore, the request for the MRI of the lumbar is not medically necessary.